

PURCHASING DEPARTMENT 610-954-6797 FAX #610-954-4798 PA SALES TAX EXEMPT I.D. NO. 75-04539-1 FEDERAL TAX ID NO. 23-1352223		PURCHASE ORDER NO. 304383
PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL... RECEIVING DEPT., HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015		
SUBJECT TO TERM: AND CONDITIONS ON REVERSE SIDE		
VENDOR SARGENT ENTERPRISES, INC. PO BOX 193 PA 18229	PG 1	SHIP VIA Best Way
TERMS VENDOR NO. 676	FOB Hospital	P.O. DATE 03/04/97
LINE QUANTITY ITEM ITEM	UNIT OF ITEM NUMBER VENDOR ITEM NUMBER	HOSPITAL ITEM NUMBER
RECEIVING INFORMATION: ENGINEERING CEILING SAMPLE		DEPARTMENT CODE
1 1	EA INV#9823	UNIT PRICE 45.0000
		EXTENSION 45.00
		TOTAL 45.00
BY _____ AUTHORIZED SIGNATURE		
8. Material Safety Data Sheets (MSDS) must be provided where applicable.		
9. Items on this order may be subject to PA Sales and Use Tax where applicable.		
10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.		



ATTN: RECEIVING FOB
801 OSTRUM STREET
BETHLEHEM PA 18015
e-Health Network

PURCHASING DEPARTMENT 610-954-4797 FAX #610-954-4798 PA SALES TAX EXEMPT I.D. NO. 75-04339-1 FEDERAL TAX I.D. NO. 23-1362213		PURCHASE ORDER NO. 295880	
SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE.			
<small>PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE. SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 3345, BETHLEHEM, PA 18015</small>			
VENDOR SARGENT ENTERPRISES, INC. PO BOX 193 JIM THORP PA 18229		PG 1	
RICK SEARDOSS (570) 325-8000 TERMS 6.76		<small>FOB</small> Hospital <small>DESCRIPTION</small> <small>RECEIVING INFORMATION: EB 25-96 ENG</small> <small>* ASBESTOS REMOVAL CW5 FLOOR</small>	
LINE QUANTITY ITEM 1	UNIT OF ORDER ITEM NUMBER EA INV9782	HOSPITAL ITEM NUMBER 1474-73600	DEPARTMENT CODE UNIT PRICE 650.0000
<small>SHIP VIA</small> Best Way <small>DATE READY</small> 11/26/96 11/28/96			
<small>INVOICE #9782 ATTACHED</small>			
		TOTAL <u>650.00</u>	

8. Material Safety Data Sheets (MSDS) must be provided where applicable.
9. Items on this order may be subject to PA Sales and Use Tax where applicable.
10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

(MSA Rev. 1/98)

BY _____ AUTHORIZED SIGNATURE



ATTN: RECEIVING PO#
801 OSTRUM STREET
HOSPITAL
& Health Network

RECEIVING PO#
801 OSTRUM STREET
HOSPITAL
& Health Network

VENDOR NO. 676

TERMS 0.000% / 30

ITEM NUMBER

QUANTITY 1

UNIT OF ORDER EA

ITEM NUMBER INV9782

DESCRIPTION RECEIVING INFORMATION: EB 25-96 ENG

* ASBESTOS REMOVAL CW5 FLOOR

ITEM NUMBER

UNIT PRICE 650.0000

DEPARTMENT CODE 1474-73600

ITEM NUMBER

PURCHASING DEPARTMENT		PURCHASE ORDER
610-564-4797 FAX #610-564-4799 PA SALES TAX EXEMPT I.D. NO. 75-14039-1 FEDERAL TAX ID. NO. 33-1552213		NO. 291795
<p>PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES. PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS: ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5245, BETHLEHEM, PA 18015</p>		SUBJECT TO TERM: AND CONDITIONS ON REVERSE SIDE
VENDOR	PG 1	DATE REQUIRED
SARGENT ENTERPRISES, INC. PO BOX 193	FOS	P.O. DATE
JIM THORPE	Hospital	10/14/96
BILL SEAREFOSS (570)325-8000	DESCRIPTION	Best Way
TERMS	ITEM NUMBER	HOSPITAL ITEM NUMBER
675	0.000% / 30	DEPARTMENT CODE
LINE ITEM	UNIT OF MEASURE	UNIT PRICE
1	EA	EXTENSION
RECEIVING INFORMATION: ENGINEERING BB17-97*TICKET MATT *WIPE SAMPLES FOR ASBESTOS		
REFERENCE #96077/SCI APPROVED BY ANITA KINGSBAUER, 9/18/96 INVOICE ATTACHED # 9746		
		TOTAL 300.00

8. Material Safety Data Sheets (MSDS) must be provided where applicable.

9. Items on this order may be subject to PA Sales and Use Tax where applicable.

10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

BY

AUTHORIZED SIGNATURE

14541 Rev. 12/98

PURCHASING DEPARTMENT		PURCHASE ORDER	
610-954-4797 FAX #610-954-4798 PA SALES TAX EXEMPT I.D. NO. 75-04319-1 FEDERAL TAX I.D. NO. 23-1352213		NO. 291088 SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE	
<small>PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES. PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 6345, BETHLEHEM, PA 18015</small>			
VENDOR	SARGENT ENTERPRISES, INC. P.O. BOX 193	PG	1
JIM THORPE	PA 18229		
RICK SEARFOSS (570) 325-8000		FOB Hospital	
676	0.000%	/ 30	
LINE ITEM	QUANTITY	UNIT OF ORDER	DESCRIPTION
1	1	EA	*****CONFIRM ONLY-DO NOT DUPLICATE***** RECEIVING INFORMATION: ENG EB 26-97 * TICKET MATT * REMOVE ASBESTOS IN AREA OF PUMP ROOM APPROXIMATELY 100 FT OF INSULATION. REFERENCE QUOTE OF 9/5/96 PLEASE SCHEDULE THIS WORK WITH JIM HALL, ENGINEERING 954-4255.
<small>REFER TO THIS PO NUMBER ON INVOICES.</small> <small>ORDR ATTENTION: RICK SEARFOSS FAX 717-325-8010</small>			
		SHIP VIA	Best Way
		HOSPITAL ITEM NUMBER	DEPARTMENT CODE
			UNIT PRICE
			EXTENSION
			P.O. DATE 10/06/96
			DATE REQUIRED 12/05/96
			BY
		TOTAL	950.00
AUTHORIZED SIGNATURE			



ATTN: RECEIVING PO#
80 OSTRUM STREET
HOSPITAL
& Health Network
BETHLEHEM PA 18015

VENDOR NO [TERMS] SARGENT ENTERPRISES, INC.
VENDOR NO [TERMS] P.O. BOX 193

JIM THORPE
RICK SEARFOSS (570) 325-8000

LINE ITEM
1

QUANTITY
1

UNIT OF ORDER
EA

DESCRIPTION
*****CONFIRM ONLY-DO NOT DUPLICATE*****
RECEIVING INFORMATION: ENG EB 26-97 * TICKET MATT
* REMOVE ASBESTOS IN AREA OF PUMP ROOM
APPROXIMATELY 100 FT OF INSULATION.
REFERENCE QUOTE OF 9/5/96
PLEASE SCHEDULE THIS WORK WITH JIM HALL, ENGINEERING
954-4255.

HOSPITAL ITEM NUMBER

DEPARTMENT CODE

UNIT PRICE

EXTENSION

P.O. DATE 10/06/96

DATE REQUIRED 12/05/96

BY

TOTAL 950.00

8. Material Safety Data Sheets (MSDS) must be provided where applicable.

9. Items on this order may be subject to PA Sales and Use Tax where applicable.

10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

St Luke's		PURCHASE ORDER	
SARGENT ENTERPRISES, INC.		PURCHASING DEPARTMENT 610-954-4757 PA SALES TAX EXEMPT I.D. NO. 75-0435-1 FEDERAL TAX I.D. NO. 23-135213	
ATTN: RECEIVING PO# 901 OSTRUM STREET BETHLEHEM PA 18015 8 Health Network		NO. 291089 SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE	
VENDOR	SARGENT ENTERPRISES, INC. PO BOX 193	PG	1
JIM THORPE	PA 18229		
RICK SEARFOSS (570) 325-8000 VENDOR NO. TERMS	FOB 0.000% / 30	Hospital	
LINE QUANTITY	Unit of order	VENDOR'S ITEM NUMBER	DESCRIPTION
6.76	1 EA		RECEIVING INFORMATION: ENG EB 26-97 * TICKET MATT * REMOVE ASBESTOS CWS AC #2 REFERENCE QUOTE OF 9/18/96. SCHEDULE ALL WORK WITH JIM HALL ENGINEERING 954-4255 REFER TO THIS PO NUMBER ON ALL INVOICES. ORDER ATTENTION: RICK SEARFOSS 717-325-8010
		SHIP VIA	Best Way Dept/Address Dimensions
		P.O. DATE	10/06/96 12/05/96
		UNIT PRICE	
DATE REQUIRED			

6. Material Safety Data Sheets (MSDS) must be provided where applicable.

7. Items on this order may be subject to PA Sales and Use Tax where applicable.

8. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

9. AUTHORIZED SIGNATURE
BY _____

10. 1,250.00

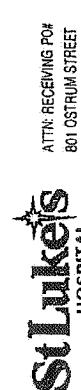
14541 Rev. 1299

8. Material Safety Data Sheets (MSDS) must be provided where applicable.

9. Items on this order may be subject to PA Sales and Use Tax where applicable.

10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

PURCHASING DEPARTMENT 610-954-4798 PA SALES TAX EXEMPT ID. NO. 75-04339-1 FEDERAL TAX ID. NO. 23-1352213		PURCHASE ORDER NO. 282830	SUBJECT TO TERM: AND CONDITIONS ON REVERSE SIDE
<p>PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE. SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL, RECEIVING DEPT. HOURS 8 A.M. TO 5 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5346, BETHLEHEM, PA. 18015</p>			
VENDOR SARGENT ENTERPRISES, INC. PO BOX 193 JIM THORPE PA 18229	PG 1	PO. DATE 06/27/96	DATE REQUIRED 08/26/96
RICK SEAREFOSS (570) 325-8000 VENDOR NO. TERMS	FOS	SHIP VIA Best Way	EXTENSION
676	0.000% / 30	Hospital	
LINE	QUANTITY	DESCRIPTION	HOSPITAL ITEM NUMBER
1	1 EA	RECEIVING INFORMATION: ENGINEERING EB 25-96 * TICKET MATT *REMOVAL OF ASBESTOS CONTAMINATION OF CENTENNIAL WING SUB-BASEMENT AS PER PROPOSAL #P-0360-SCI DATED 4/15/96. \$39640.00 FOR ASBESTOS REMOVAL; \$12450 FOR FILE DECONTAMINATION.	1474-73600
		THESE AMOUNTS ARE FOR "NOT TO EXCEED" IS UNDERSTOOD THAT THE AMOUNTS MAY BE LESS. PLEASE SCHEDULE PROJECT WITH JIM HALL, PHONE 610-954-4255.	9984.0000
		ORDER ATTENTION: RICK SEAREFOSS *REMOVAL OF ASBESTOS CONTAMINATION *REMOVAL OF ASBESTOS CONTAMINATION XRAY ADD *REMOVAL ASBESTOS CONTAMINATION	6419.0000 42136.0000 3871.0000
			6419.00 42136.00 3871.00
			TOTAL 62,410.00



ITEM
NUMBER
VENDOR'S
ITEM NUMBER

RECEIVING
INFORMATION:

*REMOVAL OF ASBESTOS CONTAMINATION
OF CENTENNIAL WING SUB-BASEMENT AS PER PROPOSAL
#P-0360-SCI DATED 4/15/96.

\$39640.00 FOR ASBESTOS REMOVAL; \$12450 FOR FILE
DECONTAMINATION.

THESE AMOUNTS ARE FOR "NOT TO EXCEED"

IS UNDERSTOOD THAT THE AMOUNTS MAY BE LESS.

PLEASE SCHEDULE PROJECT WITH JIM HALL,

PHONE 610-954-4255.

ORDER ATTENTION: RICK SEAREFOSS
*REMOVAL OF ASBESTOS CONTAMINATION
*REMOVAL OF ASBESTOS CONTAMINATION XRAY ADD
*REMOVAL ASBESTOS CONTAMINATION

8. Material Safety Data Sheets (MSDS) must be provided where applicable.

9. Items on this order may be subject to PA Sales and Use Tax where applicable.

10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

BY AUTHORIZED SIGNATURE

PURCHASING DEPARTMENT		PURCHASE ORDER	
ATTN: RECEIVING PO 801 OSTRYN STREET BETHLEHEM PA 18015 & Health Network	RICK SEARFOSS (570) 325-8000 VENDOR NO 676 TERMS 0.000% / 30	610-954-4797 FAX #610-954-4796 PA SALES TAX EXEMPT ID. NO. 75-04339-1 FEDERAL TAX ID. NO. 23-135213	NO. 274086 SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE
<p>PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES. PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL... RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015</p>			
LINE ITEM	QUANTITY OF ORDER	DESCRIPTION	SHIP VIA OWN VEHICLE HOSPITAL ITEM NUMBER DEPARTMENT CODE UNIT PRICE
1	1 EA	* *** CONFIRM ONLY-DO NOT DUPLICATE*** * RECEIVING INFORMATION: ENG 25-96 * TICKET TO MATT * REMOVAL OF ASBESTOS IN NORTHWING LOBBY NW5 WARMING CLOSET, AND BOILER HOUSE PUMP ROOM. COORDINATE WITH ENGINEERING JIM HALL 610/954-4250. WORK TO BE COMPLETED SECOND WEEK OF MARCH 1996. ATTENTION: RICK SEARFOSS	HOSPITAL ITEM NUMBER DEPARTMENT CODE UNIT PRICE
			TOTAL 950.00

8. Material Safety Data Sheets (MSDS) must be provided where applicable.

9. Items on this order may be subject to PA Sales and Use Tax where applicable.

10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

PURCHASING DEPARTMENT 610-564-4797 FAX #610-564-4798 PA SALES TAX EXEMPT I.D. NO. 75-04339-1 FEDERAL TAX I.D. NO. 23-1652213		PURCHASE ORDER NO. 266112	
SUBJECT TO TERM: AND CONDITIONS ON REVERSE SIDE			
PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL RECEIVING DEPT. HOURS A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5305, BETHLEHEM, PA 13015			
VENDOR SARGENT ENTERPRISES, INC. PO BOX 193 JIM THORPE PA 18229		PG 1 FOB Hospital DESCRIPTION ***CONFIRM ONLY-DO NOT DUPLICATE*** RECEIVING INFORMATION: ENG ADMIN/BB 9-95 *ASBESTO REMOVAL OB CLINIC/EW2 - 8/22/95	
TERM 676 VENDOR NO. 0.000% / 30		SHIP VIA Best Way HOSPITAL ITEM NUMBER DEPARTMENT CODE UNIT PRICE 1477-73600 440.0000	
LINE ITEM 1 QUANTITY 1 UNIT OF ORDER EA VENDOR'S ITEM NUMBER 5410		P.O. DATE 11/27/95 DATE REQUESTED 11/27/95 EXTENSION 440.00	
TOTAL 440.00			
8. Material Safety Data Sheets (MSDS) must be provided where applicable. 9. Items on this order may be subject to PA Sales and Use Tax where applicable. 10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.			
BY <i>[Signature]</i> AUTHORIZED SIGNATURE			



ATTN: RECEIVING PO#
801 OSTRUM STREET
BETHLEHEM PA 18015
HOSPITAL
& Health Network

PURCHASING DEPARTMENT					
<p>PURCHASE ORDER NO. 265272</p> <p>ST. LUKE'S HOSPITAL 801 OSTRUM STREET BETHLEHEM PA 18015 & Health Network</p> <p>VENDOR NO. 676 VENDOR TERMS FOB Hospital</p> <p>PG 1</p> <p>RICK SEARFOSS (570) 325-8000</p>					
SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE					
<p>PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE</p> <p>SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT.</p> <p>ADDRESS ALL SHIPMENTS TO THE HOSPITAL RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M.</p> <p>THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR AT OTHER DESTINATION.</p> <p>SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015</p>					
LINE QUANTITY	UNIT OF ORDER	ITEM NUMBER	DESCRIPTION	HOSPITAL ITEM NUMBER	SHIP VIA
1	EA	INV 9629	RECEIVING INFORMATION: RAD/ANGIO ROOM/EE * REMOVE ASBESTOS FIREPROOFING ABOVE CEILING	184-95	Best Way
			PER PROPOSAL #P-0332 OF 10/20/95		P.O. DATE
			PLEASE SCHEDULE W/ANITA KINGSBAUER, ENG AT 610-954-4275		DATE REQUIRED
			FAX - 717-325-8010 ATTN - RICK SEARFOSS * ADDITIONAL WORK ANGIO SUITE		
				1474-73600	
				450.0000	
				450.0000	
					TOTAL 6,245.00
<p>B. Material Safety Data Sheets (MSDS) must be provided where applicable.</p> <p>9. Items on this order may be subject to PA Sales and Use Tax where applicable.</p> <p>10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.</p>					

9. b. Material Safety Data Sheets (MSDS) must be provided where applicable.

9. Items on this order may be subject to PA Sales and Use Tax where applicable.

10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

AEAN EDITION

PURCHASING DEPARTMENT		PURCHASE ORDER									
PURCHASING DEPARTMENT 610-964-4797 FAX #610-954-4798 PA SALES TAX EXEMPT ID. NO. 75-04339-1 FEDERAL TAX I.D. NO. 23-1562213		NO. 263923 SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE									
<small>PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES. PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M. TO 4 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 3435, BETHLEHEM, PA. 18015</small>											
VENDOR	PG	1									
SARGENT ENTERPRISES, INC. PO BOX 193											
JIM THORPE	PA	18229									
BRICK SEARFOSS (570) 325-8000		FOB									
Vendor No. / Terms	Line Item	Quantity	Unit of Order	Vendor's Item Number	Description	Hospital Item Number	Best Way	Ship Via	P.O. Date	Date Required	
676	1	0.000%	/ 30		Hospital				10/26/95	11/25/95	
<small>*****CONFIRM ONLY-DO NOT DUPLICATE***** RECEIVING INFORMATION: ENG\J.HALL.EB. 25-96 ASBESTOS REMOVAL REMOVE ASBESTOS INSULATION IN BOTLER HOUSE PUMP ROOM AS PER PROPOSAL #P-0331 DATED 10\17\95. NOT TO EXCEED 1385.00 PLEASE CONTACT JIM HALL, ST.LUKE'S ENGINEERING DEPT. 954-4250</small>											
											TOTAL
											1,385.00
											BY _____
											AUTHORIZED SIGNATURE _____
<small>8. Material Safety Data Sheets (MSDS) must be provided where applicable. 9. Items on this order may be subject to PA Sales and Use Tax where applicable. 10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.</small>											

St. Luke's
HOSPITAL
& Health Network

ATTN: RECEIVING POR
801 OSTRUM STREET
BETHLEHEM PA 18015

PURCHASING DEPARTMENT		PURCHASE ORDER		NO. 259567		SUBJECT TO TERM: AND CONDITIONS ON REVERSE SIDE					
610-534-4797 FAX #610-534-4798 PA SALES TAX EXEMPT I.D. NO. 75-04329-1 FEDERAL TAX I.D. NO. 22-1352213											
<p>PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL, RECEIVING DEPT. HOURS 3 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5346, BETHLEHEM, PA 18015</p>											
VENDOR		PG 1		FOB Hospital		SHIP VIA Best Way		PO. DATE 08/23/95		DATE REQUIRED 08/23/95	
ATTN: RECEIVING FOR SARGENT ENTERPRISES, INC. PO BOX 193 JIM THORPE PA 18229						DEPARTMENT CODE		UNIT PRICE		EXTENSION	
TERMS		0.000% / 30				HOSPITAL ITEM NUMBER					
ITEM NO.		QUANTITY		UNIT OF ORDER		DESCRIPTION					
16		1		EA		*****CONFIRM ONLY-DO NOT DUPLICATE***** RECEIVING INFORMATION: ENG/EW3 BB 9-96 * TICKET TO MATT *SERVICES FOR ASBESTOS REMOVAL FOR EW3					
17		1		EA		INVOICE ATTACHED *REMOVAL FLOOR TILE EW3					
18		1		EA		INV 362					
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8. Material Safety Data Sheets (MSDS) must be provided where applicable.

9. Items on this order may be subject to PA Sales and Use Tax where applicable.

10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

541 Rev. 12/39

PURCHASING DEPARTMENT		PURCHASE ORDER	
610-954-4737 FAX #610-954-4798 PA SALES TAX EXEMPT I.D. NO. 75-04339-1 FEDERAL TAX I.D. NO. 23-1352213		NO. 257928 SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE	
PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES. PACKING LISTS, SHIPPING NOTICES AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESSES ALL SHIPMENTS TO THE HOSPITAL RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015			
VENDOR SARGENT ENTERPRISES, INC. PO BOX 193 JIM THORPE PA 18229		PG 1	
RICK SEAREDOSS (570) 325-8000 FOB Hospital			
ITEM NO. / TERMS 676 0.000% / 30			
ITEM DESCRIPTION * *** CONFIRM ONLY-DO NOT DUPLICATE*** RECEIVING INFORMATION: OB/GYN CLINIC EW3 (BB-9-96) * REMOVAL OF ASBESTOS - FLOOR TILE EW3			
LINE ITEM 1		QUANTITY 1 EA	
UNIT OF MEASURE EA		UNIT PRICE 2673.0000	
		P.O. DATE 07/28/95	
		SHIP VIA Best Way	
		EXPIRATION DATE 07/28/95	
		DEPARTMENT CODE 1	
		HOSPITAL NUMBER 1477-73600	
TOTAL 2,673.00			

8. Material Safety Data Sheets (MSDS) must be provided where applicable.

9. Items on this order may be subject to PA Sales and Use Tax where applicable.

10. It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.



HOSPITAL
801 OSTRUM STREET
BETHLEHEM, PA 18015-1065

PURCHASE OR VÉR

Asbestos Control, Inc.
P.O. BOX 1974
Mt. Thorpe, PA 18379

FEDERAL TAX I.D. NO. 23-352213								NO. RHO.017		
<p>PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE</p> <p>SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT.</p> <p>ADDRESS ALL SHIPMENTS TO THE HOSPITAL. RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M.</p> <p>THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION.</p> <p>SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015</p>								SUBJECT TO TERM AND CONDITION ON REVERSE SIDE		
VENDOR NO.	TERMS	FO.B.		SHIP VIA		PO. DATE		DATE REQUIRED		
LINE ITEM	QUANTITY	UNIT OF ORDER	VENDOR'S ITEM NUMBER	DESCRIPTION	HOSPITAL ITEM NUMBER	DEPARTMENT CODE	LOC	UNIT PRICE	EXTENSION	
1				Furnish all labor and material to remove aabester, or per your proposal dated 7/7/92 attachment.		Engineering S.W. Addition 1477.01(V)		\$9,961.00	\$9,961.00	
										TOTAL
<p>Material Safety Data Sheets (MSDS) must be provided where applicable.</p> <p>Items on this order may be subject to PA Sales and Use Tax where applicable.</p>										BY <i>[Signature]</i> AUTHORIZED SIGNATURE

Material Safety Data Sheets (MSDS) must be provided where applicable.

item on this order may be subject to B.A. Sales and Use Tax where applicable.

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THE EVENING COPY



PURCHASE ORDER

HOSPITAL
801 OSTRUM STREET
BETHLEHEM, PA 18015

ANDOR

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS,
PACKAGING AND CORRESPONDENCE

Sargent Contracting Inc.
P.O. Box 193
J11m Thorpe, PA 18229

INQUIRIES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015								ON REVERSE SIDE	
F.O.B.				SHIP VIA				P.O. DATE	DATE REQUIRED
								12/15/94	
SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015									
LINE ITEM	QUANTITY	UNIT OF ORDER	VENDOR'S ITEM NUMBER	DESCRIPTION	HOSPITAL ITEM NUMBER	DEPARTMENT CODE	LOC	UNIT PRICE	EXTENSION
1	1	PCB	94064/8CT	Removal of asbestos in North Wing Bldg. 1st & 2nd Floors		Eng. Admin. 1477.01 S.W. Add.		\$788.00	\$788.00
Invoice #243								TOTAL	
								<i>C. Richard Wagnleitner</i> AUTHORIZED SIGNATURE	
Material Safety Data Sheets (MSDS) must be provided where applicable.									
Items on this order may be subject to PA Sales and Use Tax where applicable.									
It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.									

Material Safety Data Sheets (MSDS) must be provided where applicable.

ments on this order may be subject to PA Sales and Use Tax where applicable.

It is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.

Serial No. 14541 Rev. 12/91

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St. Louis

PURCHASE REQUEST
—PLEASE TYPE OR PRINT

- PLEASE TYPE OR PRINT LEGIBLY -

1000 Columbia Street, Seattle, Washington

PURCHASE ORDER NO.

—PLEASE TYPE OR PRINT LEGIBLY—

ADDRESSES

CITY STATE

010998-000120

St. Luke's Hospital
HOSPITAL STREET
801 OSTRUM STREET
BETHLEHEM, PA 18015

PURCHASE ORDER

Sargent Contracting, Inc.
P.O. Box 193
Jim Thorpe, PA 18229

ENDORSEMENT

PURCHASING DEPARTMENT		PURCHASE ORDER							
215 - 954 - 4797 FAX # 215 - 954 - 4798 PA SALES TAX EXEMPT I.D. NO. 75-04339-1 FEDERAL TAX I.D. NO. 23-13522-13		NO. 800,096 SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE							
PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, PACKAGING AND CORRESPONDENCE SEND SHIPPING NOTICES AND ACKNOWLEDGEMENT TO PURCHASING DEPT. ADDRESS ALL SHIPMENTS TO THE HOSPITAL, RECEIVING DEPT. HOURS 8 A.M. TO 1 P.M. THE HOSPITAL WILL NOT BE RESPONSIBLE FOR DELIVERIES MADE AT ANY OTHER TIME OR TO ANY OTHER DESTINATION. SEND INVOICES TO: ST. LUKE'S HOSPITAL, P.O. BOX 5345, BETHLEHEM, PA 18015		P.O. DATE 4/13/95							
ENDOR NO.	TERMS	F.O.B.	SHIP VIA						
LINE ITEM	QUANTITY	UNIT OF ORDER	VENDOR'S ITEM NUMBER	DESCRIPTION	HOSPITAL ITEM NUMBER	DEPARTMENT CODE	LOC	UNIT PRICE	EXTENSION
	12	ea		Analyze 12 samples for asbestos		Egg Admin SW Add. 1477.01		\$45.00	\$540.00
<i>(Invoice Being Processed)</i>									
TOTAL									
Material Safety Data Sheets (MSDS) must be provided where applicable. Items on this order may be subject to PA Sales and Use Tax where applicable. Is the policy of St. Luke's Hospital not to pay handling fees, minimum order charges, or late payment charges.									

P. John W. Brown
By *P. John W. Brown*
AUTHORIZED SIGNATURE



PURCHASE ORDER

HOSPITAL
801 OSTRUM STREET
BETHLEHEM, PA 18015

CONDOR

Sargent Contracting Inc.
P.O. Box 193
Tim Thorpe, PA 18229

Safety Data Sheets (MSDS) must be provided where applicable.

ngs on this order may be subject to PA Sales and Use Tax where applicable.

1.1 The policy of St. Luke's Hospital not to pay handling fees, minimum order charges or late payment charges on this order may be subject to PA Sales and Use Tax where applicable.

TOTAL

AUTHORIZED SIGNATURE

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010998-000122

ORDER PURCHASE

Sargent Contracting, Inc.
P.O. Box 193
Jim Thorpe, PA 18229

Safety Directions

Policy of St. Licks's U.S.A. Inc. re: UPA Sales and Use Tax

Policy of St. Luke's Hospital Regarding PA Sales and Use Tax

Policy of State, Local, and Regional EPA Sales and Use Tax Initiatives

14541 Rev. 12/91

Customer agrees to pay handling fees, minimum order charges, or late payment charges

RECEIVING COPY



PURCHASE ORDER

HOSPITAL
691 OSTRUM STREET
BETHLEHEM, PA 18015

Sargent Contracting Inc.
P.O. Box 193
Jim Thorpe, PA 18229

ENDOR

010998-000124



PURCHASE ORDER

HOSPITAL
801 OSTRUM STREET
BETHLEHEM, PA 18015

PURCHASE ORDER

PURCHASING DEPARTMENT
215 - 954 - 4797
FAX # 215 - 954 - 4798
PA SALES TAX EXEMPT I.D. NO. 75-04338-1
FEDERAL TAX I.D. NO. 23-1352213

Case 01-01139-AMC Doc 14600-12 Filed 02/17/07 Page 25 of 25

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